efile Public Visual Render ObjectId: 202331309349305418 - Submission: 2023-05-10 TIN: 05-0530668 OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

	nent of the Treasury Revenue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the	Inspection			
A F	or the 2021 c	alendar year, or tax year beginning 07-01-2021 ,and ending 06-3	0-2022		Į.	
O Ad	ck if applicable: dress change	C Name of organization PennEnvironment Research & Policy Center Inc		D Employe 05-0530		fication number
	me change tial return	Doing business as				
_	al return/terminated			E Telephone	e numbei	-
	nended return plication pending	Number and street (or P.O. box if mail is not delivered to street address) Room/su 1713 S Broad Street 54847	ite	(215) 73		
	F	City or town, state or province, country, and ZIP or foreign postal code		(213) 75	<i>32 3037</i>	
		Philadelphia, PA 19148		G Gross red	ceipts \$ 1	,072,502
		F Name and address of principal officer: David Masur	H(a) Is this	a group ret	urn for	
		1713 S Broad Street 54847	subor H(b) Are al	dinates?	00	□Yes ✓No
T To:	x-exempt status:	Philadelphia, PA 19148	includ		CS	☐ Yes ☐No
I 142	k-exempt status:	✓ 501(c)(3)				instructions.
J W	ebsite: 🕨 ww	w.pennenvironmentcenter.org	H(c) Group	exemption	number	•
K Forr	n of organization	: ✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	tion: 2002	M State	of legal domicile: PA
Pa	art I Sum	mary				
Activities & Governance	2 Check thi	is box of voting members of the governing body (Part VI, line 1a)		er the qualit	ty of ou	r environment.
×8		of independent voting members of the governing body (Part VI, line 1a)			4	3
ties		nber of individuals employed in calendar year 2021 (Part V, line 2a)			5	0
Ä		nber of volunteers (estimate if necessary)			6	
Ă	7a Total unr	elated business revenue from Part VIII, column (C), line 12			7a	0
	b Net unrel	lated business taxable income from Form 990-T, Part I, line 11			7b	
			Pri	or Year		Current Year
g ₂	8 Contribut	cions and grants (Part VIII, line 1h)		787,7	'23	1,072,229
Revenue	9 Program	service revenue (Part VIII, line 2g)				0
æ		ent income (Part VIII, column (A), lines 3, 4, and 7d)		18,5	31	273
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			= 1	0
		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		806,2	_	1,072,502
		nd similar amounts paid (Part IX, column (A), lines 1–3)		12,5	00	47,772
		paid to or for members (Part IX, column (A), line 4)		220.7	20.2	366,005
Expenses		other compensation, employee benefits (Part IX, column (A), lines 5–10) anal fundraising fees (Part IX, column (A), line 11e)		330,7	03	266,995 0
æ		raising expenses (Part IX, column (D), line 25) 34,757				0
ă		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		300,1	27	265,168
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		643,3		579,935
		less expenses. Subtract line 18 from line 12		162,9		492,567
Net Assets or Fund Balances		·	Beginning	of Current Ye	_	End of Year
sse 3ala	20 Total asse	ets (Part X, line 16)		2,241,7	'19	2,903,830
ot A	21 Total liab	ilities (Part X, line 26)		387,2	26	567,680
žÏ	22 Net asset	ts or fund balances. Subtract line 21 from line 20		1,854,4	93	2,336,150

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has

0/22	2/25,	6:47	AM
any	Knov	wiea	ge.

		nature of officer				2023-05-10 Date					
Sign		mature of officer				Date					
Here	Da	vid Masur Pres/Exec Dir pe or print name and title									
	y .,	Print/Type preparer's name	Preparer's signature	l i	Date		PTIN				
Paic	4	Time Type preparer 3 hame	Treparer 3 signature		Date		P00290880				
	oarer	Firm's name Davis & Co CPAs PC				Firm's EIN > 84-	1184234				
	Only	Firm's address ▶ 9457 S University Blvd		Phone no. (303)	701 6000						
	•	,				Filone no. (303)	791-0000				
		Highlands Ranch, CO									
		uss this return with the preparer show	•	•			✓ Yes □ No				
FOF P	арегwогк	Reduction Act Notice, see the sep	arate instructions.		Cat.	No. 11282Y	Form 990 (2021				
			Pag	ne 2 ————							
			ray	JC 2							
Form	990 (2021)						Page 2				
Par	t III St	atement of Program Service A	ccomplishments								
		eck if Schedule O contains a response	or note to any line in	n this Part III		<u></u>	🗆				
1	•	cribe the organization's mission:				5.44	(0) (1) (1)				
		s organized exclusively for charitable, for such purposes, identifying, resear									
prese	rvation, cor	porate and governmental responsibili with other public interest groups.									
and to	Cooperate	with other public interest groups.									
2	Did the or	ganization undertake any significant p	rogram services duri	ng the year which v	vere not lis	sted on					
	the prior F	orm 990 or 990-EZ?					🗆 Yes 🗸 No				
	If "Yes," d	escribe these new services on Schedu	le O.								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services?										
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.										
4	Section 50	he organization's program service acc 11(c)(3) and 501(c)(4) organizations a ue, if any, for each program service ro	are required to report								
4a	(Code:) (Expenses \$	246,095 including	grants of \$) (Revenue \$)				
		and influencing public policy: staff engage					development on the following				
	issues: pror	noting renewable energy strategies, cleanin	g up our waterways and	banning toxic pesticide	es used in fo	ood production.					
4b	(Code:) (Expenses \$	215,921 including	grants of \$	47 77	2) (Revenue \$)				
	•	ation and outreach: recruiting volunteers, di	,		•		,				
	of citizens e	ach year on the following issues: promoting	renewable energy strate	egies, cleaning up our	waterways a	and banning toxic p	esticides used in food				
	-										
4c	(Code:) (Expenses \$	including	grants of \$) (Revenue \$)				
4d	Other pro	gram services (Describe in Schedule C	0.)								
	(Expenses	·	g grants of \$)	(Revenue	\$)				
4e	Total pro	gram service expenses▶	462,016								
							Form 990 (2021				
				10.2 —							
			Pag	Je 3							

https://projects.propublica.org/nonprofits/organizations/50530668/202331309349305418/full

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. 🧐	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 2	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D,Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 2	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $\$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
			orm no	n /2021

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Part IV	Checklist of Required Schedules (continued)	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule ${\it M}$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	··· <u>L</u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	- Marie - C.C.	No
			orm 99 ((2021)

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orm	990 (2021)		Page :
Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	
3а	Did the organization have unrelated business gross income of $$1,000$ or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
	Initiation fees and capital contributions included on Part VIII, line 12		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
	Gross income from other sources. (Do not net amounts due or paid to other sources		
•	against amounts due or received from them.)		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
	Enter the amount of reserves on hand	_	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	No

16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
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Par	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N	o" resp	onse to	
	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management	•	•	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 4			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
<u>Se</u>	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		-

	PA	
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►Katie McGinn 1543 Wazee Street 400 Denver, CO 80202 (303) 573-5995	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
(1) David Masur Pres/Exec Dir	20.00	Х		х				0	0	0
(2) Stephanie Haynes Clerk	0.10	х		Х				0	0	0
(3) Christine Lindstrom Treasurer	0.10	Х		х				0	0	0
(4) Ajayi Harris Director	0.10	Х						0	0	0
(5) Erika Staaf Strassburger Director	0.10	Х						0	0	0
-										

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Page 8 ### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) April							П						
Page 8 ### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) April													
Page 8 ### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) April							+					-	
Page 8 ### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) April						-	+					_	
Page 8 ### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) April													
Page 8 ### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) April													
Sub-Total Sub-Total Total from continuation sheets to Part III, Section A Sub-Total Total from continuation sheets to Part III, Section A Sub-Total Total from continuation sheets to Part III, Section A Did the organization from the organization for for any individual Sub-Total (add lines 1b and 1c) Did the organization flow from continuation sheets to Part III, Section or Intel® 17 "Yes," complete Schedule 1 for such midwidual Yes, "complete Schedule 1 for such midwidual To any person listed on line 1a, is the sum or reportable compensation from the organization from any unrelated organization or individual for services rendered to the organization from free, "complete Schedule 1 for such person" No include the organization from the organization or individual for services rendered to the organization from free, "complete Schedule 1 for such person" No include the organization from the organization from any unrelated organization or individual for services rendered to the organization from free, "complete Schedule 1 for such person" No include the organization from the organization from the		•									•	Form 99	0 (202
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(A) Name and title Average hours per week (list any hours organizations organization				_	Page	8 9							
(A) Name and title Average hours per week (list for felsels) For felsels for felsels in e) Below dotted Average hours per week (list for felsels) For felsels for felsels in e) Below dotted Average hours per week (list for felsels) For felsels for felsels in e) Below dotted Average than one box, unless person is both an officer and at the compensation from the organizations below dotted Below dotted Average than one box, unless person is both an officer and at the compensation from the organizations below dotted Below dotted Average than one box, unless person is both an officer and at the compensation from the organizations below dotted Below dotted Average than one box, unless person is both an officer and at the compensation from the organizations below dotted Average than one box, unless person is both an officer and at the compensation from the organizations below dotted Below dotted Average than one box, unless person is both an officer and at the compensation from the organization is below dotted Average than one box, unless person is both an officer and at the compensation from the organization is both an officer and at the compensation from the organization is below that the compensation from the organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a; is the sum of reportable compensation from the organization and related organizations greater than s150,000? If Yes, complete Schedule J for such person Below dotted Compensation from the compensation from the organization and related organizations greater than s150,000? If Yes, complete Schedule J for such person Average than one of the compensation from the organization and related organization is an organization from the organization of the compensation from the organization from t	rm 990 (2021)												Page
Name and title Average hours per week (list any hours per week) per week (list any hours) per week (list	Part VII Section A. Officers, D	irectors, Trustee	s, Key	Emp	loye	ees,	and	Higl	hest Com	pensate	ed Employees (co	ntinued)	
Name and title Average hours per week (list any hours per week) per week (list any hours) per week (list	(Δ)	(B)			(C	`			(D	,	(F)	(F	`
week (list any hours for related organizations for related organizations (W 2/1099-NEC) Total To		Average			o no	t ch			Report	table	Reportable	Estima	ated
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Sub-Total Sub-Total Total (add lines 1b and 1c) Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organization list of the organization list of the organization list of the organization and related organization and related organization and related organization and related organization list of the organization organization or individual organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person			Sirec	stitut	99	em	hest	mer				organiza	ations
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of reportable compensation from the organization ▶ 0 Yes No		•					•						
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	Total number of individuals (incl	uding but not limited	to thos	se list	ed a	bove	e) who	rec	eived more	than \$1	00,000		
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	of reportable compensation from	n the organization 🕨	0										
line 1a? If "Yes," complete Schedule J for such individual												Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	,	•		tee, k	ey e	mplo	oyee,	or hi	ghest comp	ensated	employee on		
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	line 1a? If "Yes," complete Sche	dule J for such indiv	idual .	•		•		•				3	No
individual											n the		
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services rendered to the organization? If "Yes," complete Schedule J for such person		rocoivo on access	mnore	tion f	ror	25.	-	·	organi-sti	n on ind		4	INO
Section B. Independent Contractors	, ·		•			•			_			_	No
												<u>-</u>	NO
The state of the s			ed inder	ende	nt co	ntra	actors	that	received m	ore than	1 \$100,000 of comp	ensation	
		(A)							I		(B)	(0	.)

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	Name and Di			De	Scription of Scriptices	Compensation
- T-1-1		aliandia a la cale a a la liberta.		>		- 6
2 Total number of inde compensation from t	he organization > 0	cluding but not limite	ed to those listed abov	ve) wno received r	nore than \$100,000	OT
						Form 990 (2021
			Da = = 0			
			Page 9 ———			
Form 990 (2021)						Page '
	ent of Revenue					
Check if S	Schedule O contains a re	sponse or note to an	y line in this Part VIII (A)	(B)	(C)	U
			Total revenue	Related or	Unrelated	Revenue
				exempt function	business revenue	excluded from tax under sections
Todousted somesian	. 1.	_		revenue		512 - 514
Federated campaign Contributions,	s <u>la</u>					
Gifts, Grants, Ind Membership dues .	. 1b					
OtherAmt	10					
Similar Argo [Hedraising events	1c					
	<u> </u>					
d Related organization	1 d					
e Government grants (cor	ntributions) 1e					
f All other contributions,	aifts arants					
and similar amounts no	t included 1f					
above	<u> </u>					
1,072,229 g Noncash contributions in	naludad in					
lines 1a - 1f:\$	1g					
	<u> </u>					
h Total. Add lines 1a-:	1 f					
l lotal. Add lilles 1a	11	1,072,229	<u>)</u>			1
2a		Business Code				
a .		-				
%ex						
93						
Program Service Revenue		-				
S I						
ara a		-				
Pro						
f All other program	n service revenue.					
9 Total. Add lines	2a-2f ▶	()		•	•
3 Investment incom	ne (including dividends, i	nterest, and other	273			27
similar amounts)	• • • • • • stment of tax-exempt be	and proceeds	0			2,
5 Royalties			0			1
5 Royaldes I	(i) Real	(ii) Personal				
		()	1			
6a Gross rents	6a		1			
b Less: rental expenses	6b					
c Rental income			1			
or (loss)	6c		Ţ			
d Net rental incom	ne or (loss)		0			

		-							
				(i) Securiti	es	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a						
	b	Less: cost or other basis and sales expenses	7b						
	c	Gain or (loss)	7c						
	d	Net gain or (loss)				▶	0		
Other Revenue	c G	Gross income from fur (not including \$ contributions reported See Part IV, line 18 Less: direct expens Net income or (loss	on I	of line 1c).	8a 8b	nts	0		
#				Г		-			
	b	Gross income from g See Part IV, line 19 Less: direct expens Net income or (loss	ses		9a 9b ivitie	es .	0		
				Г	— r				
	10a	Gross sales of invereturns and alloware	ntor		l0a				
	b	Less: cost of goods	s sol	d :	l0b				
	c	Net income or (loss	s) fr	om sales of inv	ento	rv >	0		
	Ť	Miscellaneo			Circo	Business Code			
	11	a Miscellaneous							
	b								
	c								
	d	All other revenue						 	
	е	Total. Add lines 11	la-1	.1d			0		
	12	Total revenue. Se	ee in	structions .			1,072,502		273
	_		_		_				

Form **990** (2021)

Form 990 (2021) Page **10**

Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete col	umn (A).
Check if Schedule O contains a response or note to an	y line in this Part IX			🗸
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	47,772	47,772		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	46,691	39,641	2,475	4,575
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	169,820	144,182	9,002	16,636
Dancian plan accruals and contributions (include section	6 927	5 ጸጸ1	367	670

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401(k) and 403(b) employer co		0,52,	3,001			30,	0,5
9 Other employee benefits		25,889	21,981			1,372	2,536
10 Payroll taxes		17,668	15,001			937	1,730
11 Fees for services (non-employe	es):						
a Management	· ·	0					
b Legal		0					
c Accounting		6,418				6,418	
d Lobbying		0				5,125	
e Professional fundraising service	<u> </u>	0					
f Investment management fees	· —	0					
g Other (If line 11g amount exce		120,466	54,144		6	0,045	6,277
(A) amount, list line 11g expen12 Advertising and promotion .		2,810	2,810				
		1,132	152			972	8
13 Office expenses		·					
14 Information technology	· · · · ·	3,266	2,774			168	324
15 Royalties		0					
16 Occupancy		12,771	10,843			677	1,251
17 Travel	· · · · · <u> </u>	4,207	3,572			223	412
18 Payments of travel or entertain federal, state, or local public of		0					
$\textbf{19} \ \ Conferences, \ conventions, \ and$	meetings	15	15				
20 Interest		0					
21 Payments to affiliates		0					
22 Depreciation, depletion, and an	nortization	0					
23 Insurance		341				341	
24 Other expenses. Itemize expen miscellaneous expenses in line exceeds 10% of line 25, column expenses on Schedule O.)	24e. If line 24e amount						
a Public education & outreach		110,451	110,451				
b Printing and Publications		3,291	2,797			165	329
c							
d							
e All other expenses		0					
25 Total functional expenses. A	dd lines 1 through 24e	579,935	462,016		8	3,162	34,757
26 Joint costs. Complete this line reported in column (B) joint coeducational campaign and fund	only if the organization sts from a combined		. , ,				
Check here if following:	•						
	(Form 990 (2021)
		Page 11 ———					
Form 990 (2021)							Page 11
Part X Balance Sheet							
Check if Schedule O con	tains a response or note to any lin	e in this Part IX .					\square
oncon in bancadae o com	tamb a response of note to any in-	0 m tino 1 m tino 1	(A) Beginning of y			E	(B) End of year
1 Cash-non-interest-bearin			†		1		530,227
2 Savings and temporary of	-		1	,723,857	2		1,930,909
3 Pledges and grants receiv			<u> </u>	,	3		0
4 Accounts receivable, net	•			251,157	4		186,899
,	les from any current or former off	icer director		,	_		.50,500
trustee, key employee, c	reator or founder, substantial cont y member of any of these persons				5		0
	les from other disqualified persons persons described in section 4958				6		0

Notes and loans receivable, net . Inventories for sale or use . .

8

20 21 Escrow or custodial account liability. Complete Part IV of Schedule D iabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . 23 Secured mortgages and notes payable to unrelated third parties . Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D 26 Assets or Fund Balances

29

30

31

32

Net 33

18

19

Grants payable

Deferred revenue .

Total liabilities. Add lines 17 through 25 . 387,226 26 Organizations that follow FASB ASC 958, check here complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,629,493 27 1,900,317 225,000 28 Net assets with donor restrictions . Organizations that do not follow FASB ASC 958, check here ightharpoonup and complete lines 29 through 33.

Capital stock or trust principal, or current funds . . . Paid-in or capital surplus, or land, building or equipment fund . Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances .

Total liabilities and net assets/fund balances

30 31 1,854,493 32 2,336,150 2,241,719 2,903,830 33

29

18

19

20

21

22 23

24

25

Form **990** (2021)

567,680

435,833

0

0

0

0

0

Page 12 -

Form	n 990 (2021)		ı	Page 12
Pa	art XI Reconcilliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	072,502
2	Total expenses (must equal Part IX, column (A), line 25)	2		579,935
3	Revenue less expenses. Subtract line 2 from line 1	3		492,567
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	854,493
5	Net unrealized gains (losses) on investments	5		-10,910
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,	336,150
Pa	art XII Financial Statements and Reporting		•	
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

2a

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	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis, or both:	,		
	✓ Separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		No
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	0.		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		F	orm 99 0) (2021)
Form	990 (2021)			
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Software Version: 2021v4.1

Form 990 Special Condition Descriptions

efile Public Visual Render

ObjectId: 202331309349305418 - Submission: 2023-05-10

TIN: 05-0530668

OMB No. 1545-0047

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public

								Inspection
		ne organization nent Research & Policy Center	-				Employer identific	ation number
Pa	rt I	Reason for Public	Charity State	us (All organization	s must comp	lete this part.) S		
		ation is not a private four						
L		A church, convention of	churches, or as	sociation of churches	described in se	ection 170(b)(1)	(A)(i).	
2		A school described in se	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a cooperat	ive hospital serv	vice organization descr	ribed in sectio	n 170(b)(1)(A)(iii).	
4		A medical research organame, city, and state:	nization operat	ed in conjunction with	a hospital desc	cribed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or	operated by a gov	ernmental unit descril	ped in section
6		A federal, state, or local	government or	governmental unit de	scribed in sect	ion 170(b)(1)(A	ı)(v).	
7	✓	An organization that no section 170(b)(1)(A)	(vi). (Complete	Part II.)		-	init or from the genera	al public described in
3		A community trust desc	ribed in sectior	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college o	of agriculture. S	ee instructions. Enter	the name, city,	and state of the o	college or university:	
0		An organization that not from activities related to investment income and 30, 1975. See section	o its exempt fur unrelated busin	actions—subject to cert less taxable income (le	tain exceptions	, and (2) no more	than 33 1/3% of its su	ipport from gross
1		An organization organiz	ed and operated	d exclusively to test for	r public safety.	See section 509	(a)(4).	
2		An organization organiz more publicly supported on lines 12a through 12	l organizations (described in section 5	09(a)(1) or s	ection 509(a)(2). See section 509(a	
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	ganization oper er to regularly a	ated, supervised, or coappoint or elect a majo	ontrolled by its	supported organiz	zation(s), typically by	giving the supported nization. You must
b		Type II. A supporting of management of the sup must complete Part I	porting organiza	ation vested in the sar				
С		Type III functionally supported organization(integrated. A s	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	d. A supporting organing organical must satisfied to the satisfied of th	zation operate fy a distribution	d in connection win requirement and	th its supported organ	
e		Check this box if the orgintegrated, or Type III r				IRS that it is a Ty	pe I, Type II, Type III	functionally
f	Enter	the number of supported	d organizations				<u> </u>	
3		de the following informat			• -			
	(I) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			<u> </u>					
ota								
		work Reduction Act Not or 990-EZ.	tice, see the I	nstructions for	Cat. No. 112	85F	Schedule	A (Form 990) 2021
				Pa	ge 2 ———			
hec	lule A	(Form 990) 2021						Page 2
	rt II	Support Schedule		zations Described ne box on line 5, 7,				L)(A)(vi)
		(Complete only II)	ou checked ti	ie bux un line 5, /,	UI O UI PAIL I	or ir the organi	zacion raneu to qua	nny unuer Parl I.

If the organization failed to qualify under the tests listed below, please complete Part III.)

	2/25, 6:47 AM	rennenvironine	ni Research And F	olicy Certier - Full	Filing - Nonprofit	Explorer - ProPubl	ica
	r fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	895,184	901,330	1,322,935	787,723	1,072,229	4,979,401
2	include any "unusual grant.") Tax revenues levied for the						
_	organization's benefit and either paid						0
_	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						0
	the organization without charge						· ·
4	Total. Add lines 1 through 3	895,184	901,330	1,322,935	787,723	1,072,229	4,979,401
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						2,339,365
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f) Public support. Subtract line 5 from						
6	line 4.						2,640,036
_	Section B. Total Support						
	lendar year	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
-	r fiscal year beginning in)		` '		` '	` ,	
7 8	Amounts from line 4 Gross income from interest,	895,184	901,330	1,322,935	787,723	1,072,229	4,979,401
8	dividends, payments received on						
	securities loans, rents, royalties and	10,608	28,507	43,931	18,531	273	101,850
_	income from similar sources						
9	Net income from unrelated business activities, whether or not the						0
	business is regularly carried on						-
10				100			100
	or loss from the sale of capital assets (Explain in Part VI.)			100			100
11	_ ` '						5,081,351
						1 1	3,001,331
12		•	•			12	
13		=			•		ization, check
	this box and stop here					▶∪	
	Section C. Computation of Public						
14						14	51.960 %
15	Public support percentage for 2020 Sch					15	52.980 %
16	$_{\mathbf{a}}$ 33 $_{\mathbf{1/3}}$ % support test—2021. If the $_{0}$	organization did n	ot check the box	on line 13, and line	e 14 is 33 _{1/3} % or	more, check this I	
	and stop here. The organization qualif						
	33 1/3% support test-2020. If the	organization did	not chack a how a	n line 13 or 16a la	and line 15 is 33 $_{ m 1}$	3% or more, chec	k this
ŀ							_
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			> 🗆
	box and stop here. The organization a 10%-facts-and-circumstances test	qualifies as a pub — 2021. If the or	olicly supported or ganization did not	ganization check a box on lir	 ne 13, 16a, or 16b		▶ □ % or more,
	box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "facts	qualifies as a pub — 2021. If the org s-and-circumstand	olicly supported or ganization did not ces" test, check th	ganization check a box on lir is box and stop h	 ne 13, 16a, or 16b n ere. Explain in Pa		• □ % or more, anization
	box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "facts meets the "facts-and-circumstances" to	qualifies as a pub -2021. If the orgo- s-and-circumstandest. The organizat	olicly supported or ganization did not ces" test, check th tion qualifies as a	ganization check a box on lir iis box and stop h publicly supported		, and line 14 is 10 rt VI how the orga	When the second s
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17: 18	box and stop here. The organization a 10%-facts-and-circumstances test and if the organization meets the "facts-meets the "facts-and-circumstances" to 10%-facts-and-circumstances test more, and if the organization meets the meets the "facts-and-circumstances" to Private foundation. If the organization instructions	qualifies as a pub —2021. If the organization of the checked the boo qualify under	plicly supported or ganization did not ces" test, check the cion qualifies as a rganization did not umstances" test, check the cion qualifies as a subox on line 13, 1	ganization	ne 13, 16a, or 16b nere. Explain in Pa organization . ine 13, 16a, 16b, stop here. Explain d organization . 7b, check this box	and line 14 is 10 rt VI how the orga	% or more, anization
177 lt 18	box and stop here. The organization 10%-facts-and-circumstances test and if the organization meets the "facts-meets the "facts-and-circumstances" to 10%-facts-and-circumstances test more, and if the organization meets the meets the "facts-and-circumstances" to Private foundation. If the organization instructions	qualifies as a pub —2021. If the organization of the checked the boo qualify under	plicly supported or ganization did not ces" test, check the cion qualifies as a rganization did not umstances" test, check the cion qualifies as a subox on line 13, 1	ganization	ne 13, 16a, or 16b nere. Explain in Pa organization . ine 13, 16a, 16b, stop here. Explain d organization . 7b, check this box	and line 14 is 10 rt VI how the orga	% or more, anization is 10% or the organization is 20% or the organization is 30% or the organization is 40% or the organization is 50% or the organization is 50% or the organization is 60% or the organization

10/22/2	25, 6:47 AM	Pennenvironmen	t Research And P	olicy Center - Full	Filing - Nonprofit E	Explorer - ProPul	olica		
5	The value of services or facilities furnished by a governmental unit to						+		
•	the organization without charge Total. Add lines 1 through 5						+		
	Amounts included on lines 1, 2, and						+		
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line								
_	13 for the year. Add lines 7a and 7b						-		
8	Public support. (Subtract line 7c								
	from line 6.)								
_	ction B. Total Support	_	_			•			
	ndar year fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f)	Total	
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30,								
	1975.								
С	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included on line 10b, whether or not the business is								
	regularly carried on.								
12	Other income. Do not include gain or loss from the sale of capital assets								
	(Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
14	11, and 12.) First 5 years. If the Form 990 is for t	he organization's	first, second, thir	L d, fourth, or fifth t	L ax year as a secti	on 501(c)(3) ord	aniza	tion, ch	neck
	this box and stop here	_			•				
Se	ction C. Computation of Public	Support Perce	entage						
15	Public support percentage for 2021 (lin	ne 8, column (f) d	livided by line 13,	column (f))		15			
16	Public support percentage from 2020 S	Schedule A, Part I	II, line 15			16			
Se	ction D. Computation of Invest								
17	Investment income percentage for 20	21 (line 10c, colui	mn (f) divided by	line 13, column (f))	17			
18	Investment income percentage from 2	•	•			18			
19a	33 1/3% support tests-2021. If the								
	more than 33 1/3%, check this box and							▶ □	
b	33 1/3% support tests—2020. If the	_						_	18 is
	not more than 33 $_{1/3}$ %, check this box								
20	Private foundation. If the organizati	on did not check a	a box on line 14,	19a, or 19b, check	this box and see				
						Schedule A	(Form	1 990)	2021
			Page 4						
Sched	dule A (Form 990) 2021							Р	age 4
Par	t IV Supporting Organization	ıs							
	(Complete only if you checked	a box on line 12 o							
	box 12b, of Part I, complete Se	ections A and C. If	you checked box	12c, of Part I, co	mplete Sections A	, D, and E. If you	ı chec	ked bo	X
	12d, of Part I, complete Section ction A. All Supporting Organiz		ompiete Part v.)						
	ction A. An Supporting Organiz	ations						Yes	No
	Ave all of the averagement of			iti/		[163	110
1	Are all of the organization's supported If "No," describe in Part VI how the sa								
	describe the designation. If historic an				,	ĺ	1		
2	Did the organization have any support	ed organization th	nat does not have	an IRS determina	ation of status und	er section			
-	509(a)(1) or (2)? <i>If "Yes," explain in </i>								
	described in section 509(a)(1) or (2).				<u> </u>	ŀ	2		
3a	Did the organization have a supported	organization desc	cribed in section 5	501(c)(4) (5) or	(6)? If "Yes " answ	ver lines 3h and			
Ju	3c below.	organization desc	bea in section s		(0). 11 100, 01150	. c. m.cs sb and	3a		
b	Did the organization confirm that each	supported organi	ization qualified u	nder section 501/	c)(4) (5) or (6) :	and satisfied	Jd		
U	the public support tests under section								
	determination.				_	ŀ	3b		
С	Did the organization ensure that all su	pport to such ora	anizations was us	ed exclusively for	section 170(c)(2)	(B) purposes?			
-	If "Yes," explain in Part VI what contr					.)	30		

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
	CHECKEU DOX 12a OF 12b III Fait 1, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4-		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b	4c		
Ju	and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a		
	amendment to the organizing document).	Эа		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes,"	9c		
	answer line 10b below.			
h		10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether	10b	1 990)	2021
ь 	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A	10b	1 990)	2021
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	1 990)	2021
	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5	10b		
Sche	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5 dule A (Form 990) 2021	10b		2021
Sche	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5 dule A (Form 990) 2021	10b		
Sche	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5 dule A (Form 990) 2021	10b	F	Page 5
Sche	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5 dule A (Form 990) 2021 t IV Supporting Organizations (continued)	10b (Forn	F	Page 5
Scher Par	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5 dule A (Form 990) 2021 **TIV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	10b	F	Page 5
Scher Par 11 a	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5 dule A (Form 990) 2021 **TV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the	10b (Form	F	Page 5
Scher Par 11 a b c	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5 dule A (Form 990) 2021 **TIV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.	10b (Form	F	Page 5
Scher Par 11 a b c	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5 dule A (Form 990) 2021 **TV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	10b (Form	F	Page 5
Scher Par 11 a b c	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5 dule A (Form 990) 2021 **IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,	10b (Form	Yes	Page 5
Scher Par 11 a b c	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5 dule A (Form 990) 2021 **IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or	10b (Form	Yes	Page 5
Scher Par 11 a b c	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5 dule A (Form 990) 2021 **IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	10b (Form	Yes	Page 5
Scher Par 11 a b c See	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5 dule A (Form 990) 2021 **TIV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. **Section B. Type I Supporting Organizations** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	10b (Form	Yes	Page 5
Scheen Par 11 a b c See 1	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5 dule A (Form 990) 2021 **IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	10b (Form	Yes	Page 5
Scheen Par 11 a b c See 1	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5 dule A (Form 990) 2021 **IV** Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization's) that operated, supervised or controlled the supporting organization's that operated, supervised, or controlled the supporting organization's) that operated, supervised or controlled the supporting	10b (Form	Yes	Page 5
Scheen Par 11 a b c See 1	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). Schedule A Page 5 dule A (Form 990) 2021 **IV Supporting Organizations (continued) Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	10b (Form	Yes	No No

0/22/	25, 6:47 AM Pennenvironment Research And Policy Center supporting organization was vested in the same persons that controlled or managed to			'ublica	ı	ī
Se	ection D. All Type III Supporting Organizations				<u></u>	
	Section DI Am Type 111 Supporting Organizations				Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the	е		
	documents in effect on the date of notification, to the extent not previously provided?			1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or el					
	organization(s) or (ii) serving on the governing body of a supported organization? If "organization maintained a close and continuous working relationship with the supported			2		
3	By reason of the relationship described in line 2 above, did the organization's supported					
	voice in the organization's investment policies and in directing the use of the organiza during the tax year? If "Yes," describe in Part VI the role the organization's supported			3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruc	tions):		
а	The organization satisfied the Activities Test. Complete line 2 below.					
b	The organization is the parent of each of its supported organizations. Complete	e line :	3 below.			
c	The organization supported a governmental entity. Describe in Part VI how yo	u supp	ported a government entity (se	e instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.				Yes	No
a	Did substantially all of the organization's activities during the tax year directly further supported organization(s) to which the organization was responsive? If "Yes," then in	Part \	/I identify those supported			
	organizations and explain how these activities directly furthered their exempt purp responsive to those supported organizations, and how the organization determined th					
	substantially all of its activities.			2a		
b	 Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes," 					
	the organization's position that its supported organization(s) would have engaged in torganization's involvement.			2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.					
a	Did the organization have the power to regularly appoint or elect a majority of the offi the supported organizations? If "Yes" or "No", provide details in Part VI.	icers, o	directors, or trustees of each of	3a		
b	Did the organization exercise a substantial degree of direction over the policies, program	ams ar	nd activities of each of its			
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations			3b		
			Schedule /	A (Forn	ո 990)	2021
	Page 6					
. .	L L A (F					_
	dule A (Form 990) 2021				F	Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O					
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organizations.				e	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea onal)	ır
1	Net short-term capital gain	1		(Optil		
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection of gross	6				
	income or for management, conservation, or maintenance of property held for production of income (see instructions)					
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	ır
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
a	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
-	Fair market value of other non-exempt-use assets	10	i l			

d Total (add lines 1a, 1b, and 1c)

e Discount claimed for blockage or other factors (explain in detail in **Part VI**):

		_	,	
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting org	anization (see
			Sched	ule A (Form 990) 2021

Page 7

Schedule A (Form 990) 2021

Page **7**

Section D - Distributions	C	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organization.	anizations, in 2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive details in Part VI). See instructions	(provide 8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	
Section E - Distribution Allocations (i)	(ii)	(iii)

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
 Carryover from 2016 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			

Re				
Re				Schedule A (Form 990) 202
	eturn Reference		Explanation	
		Facts And Circ	umstances Test	
Part VI	Section A, lines 1, 2, 3b, 3c, Part IV, Section D, lines 2 ar	, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 1 nd 3; Part IV, Section E, lines 1c,	1b, and 11c; Part IV, Section E 2a, 2b, 3a and 3b; Part V, line	, line 17a or 17b; Part III, line 12; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; 1; Part V, Section B, line 1e; Part V t for any additional information. (See
chedule A (I	Form 990) 2021	Pag	ge 8 ———————————————————————————————————	Schedule A (Form 990) (202
e Excess f	from 2021			
	from 2020			
	from 2018			
	from 2017			
3j and 4d		2022. Add lines		
lines 3h than zer	g underdistributions for 2021 and 4b from line 1. If the an to, explain in Part VI . See in	mount is greater astructions.		
If the ar See inst	g underdistributions for year any. Subtract lines 3g and 4a nount is greater than zero, e ructions.	a from line 2. explain in Part VI .		
	der. Subtract lines 4a and 4b	Holli lille 4.		

efile Public Visual Rende	r ObjectId: 202331309349305418 -	Submission: 2023-05-10		TIN: 05-0530668			
		e of Contributors		OMB No. 1545-0047			
(Form 990) Department of the Treasury Internal Revenue Service				2021			
Schedule B (Form 990) Department of the Treasury Schedule of Contributors Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.		entification number					
	one):		03-0330666				
Filers of:	Section:						
Form 990 or 990-EZ	501(c)() (enter number) orga	anization					
	4947(a)(1) nonexempt charita	ble trust not treated as a private found	ation				
	☐ 527 political organization						
Form 990-PF	☐ 501(c)(3) exempt private foun	dation					
	4947(a)(1) nonexempt charita	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	☐ 501(c)(3) taxable private foun	dation					
For an organization under sections 509 received from any 990, Part VIII, line For an organization during the year, tot purposes, or for the	(a)(1) and 170(b)(1)(A)(vi), that check one contributor, during the year, total of th, or (ii) Form 990-EZ, line 1. Comple on described in section 501(c)(7), (8), or all contributions of more than \$1,000 expressed as a prevention of cruelty to children or an	ed Schedule A (Form 990 or 990-EZ), Isontributions of the greater of (1) \$5,000 ate Parts I and II. From (10) filing Form 990 or 990-EZ that respectively for religious, charitable, scientials. Complete Parts I, II, and III.	Part II, line 13, 0 or (2) 2% of the ceived from any ntific, literary, of	16a, or 16b, and that he amount on (i) Form y one contributor, r educational			
during the year, co If this box is check purpose. Don't con religious, charitable Caution: An organization 990-EZ, or 990-PF), but it	ntributions exclusively for religious, chard, enter here the total contributions the plete any of the parts unless the Gen e, etc., contributions totaling \$5,000 or that isn't covered by the General Rule must answer "No" on Part IV, line 2, o	aritable, etc., purposes, but no such con twere received during the year for an eral Rule applies to this organization be more during the year	ntributions totan exclusively relecause it receives \$	led more than \$1,000. ligious, charitable, etc., ved <i>nonexclusively</i> m 990,			
For Paperwork Reduction Act for Form 990, 990-EZ, or 990-F		Cat. No. 30613X	Sch	edule B (Form 990) (2021)			
		– Page 2 –––––					
Schedule B (Form 990) (2	021)		Page 2				
Name of organization	·	Emp	loyer identifica	ation number			

Inc			
Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
RESTRICTEL		-	Payroll
		\$ RESTRICTED	Noncash
	,		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		1	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		_	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		1 .	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		1	Payroll
			Noncash
			(Complete Part II for noncash
			contributions.) Schedule B (Form 990) (2021)
	Page 3		
	(Form 990) (2021)	P	Page 3
	ianization ment Research & Policy Center	Employer identificati	on number
Inc Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.	05-0530668	
(a)		(c)	(4)
No. from Part I	(b) Description of noncash property given	FMV (or estimate)	(d) Date received

Part I

(See instructions)

-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) r estimate) estructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) r estimate) estructions)	(d) Date received
-				\$_	
(a) No. from Part I	(b) Description of noncash	property given		(c) r estimate) structions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) r estimate) estructions)	(d) Date received
-				\$	
(a) No. from Part I	(b) Description of noncash	property given		(c) r estimate) estructions)	(d) Date received
-				\$	
	L-		1		Schedule B (Form 990) (2021)
		Page 4			
	B (Form 990) (2021)				Page 4
PennEnviro Inc	rganization onment Research & Policy Center			05-0530668	ntification number
Part III	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the the year. (Enter this information once. See Use duplicate copies of Part III if additional s	tributor. Complete columns (a) the total of exclusively religious, che instructions.) \(\)	rough (e)	and the follow	ring line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-					
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	Relationship	of transferor t	o transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-					
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 R	Relationship	of transferor t	o transferee
					·

0/22/25, 6:47 AM	Pennenvir	onment Research	And Policy Center - Full Filin	ng - Nonprofit Explorer - ProPublica
No. trom Part I	(b) Purpose of gift		(c) Use of gift	(a) Description of now gift is neig
				_
) -	
	Transferee's name, address, ar		e) Transfer of gift Relatio	nship of transferor to transferee
			-	
(a)				
No. from Part I	(b) Purpose of gift		(c) Use of gift	(d) Description of how gift is held
			e) Transfer of gift	
	Transferee's name, address, ar			nship of transferor to transferee
				Schedule B (Form 990) (202
				Schedule B (Form 990) (202
Additional	Data			Peturn to Form

Software ID: 21013475 **Software Version:** 2021v4.1 efile Public Visual Render

ObjectId: 202331309349305418 - Submission: 2023-05-10 **Political Campaign and Lobbying Activities**

TIN: 05-0530668

OMB No. 1545-0047

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Peni	Section 501(c)(4), (5), or (6) me of the organization nEnvironment Research & Policy			E	mployer ident	ification num	ber
Inc					5-0530668		
Par	t I-A Complete if the	e organization is exen	npt under section 501(c)	or is a section	527 organiza	ation.	
1	"political campaign activit	ies."	indirect political campaign activi			r definition of	
2			ions			<u> </u>	
3			instructions				
Par	t I-B Complete if the	e organization is exen	npt under section 501(c)((3).			
1	•	•	rganization under section 4955		•		
2	,	, ,	nization managers under section				
3	If the organization incurre	ed a section 4955 tax, did it	file Form 4720 for this year?			☐ Yes	No
4a	Was a correction made? .					☐ Yes	✓ No
b	If "Yes," describe in Part I						
Par			npt under section 501(c),				
1	,	, , ,	anization for section 527 exempt				
2			ontributed to other organizations				
3	Total exempt function exp	enditures. Add lines 1 and	2. Enter here and on Form 1120	-POL, line 17b	> \$		
4	Did the filing organization	file Form 1120-POL for the	nis year?			☐ Yes	□ No
5	organization made payme of political contributions r	ents. For each organization leceived that were promptly	ion number (EIN) of all section 5 listed, enter the amount paid fro and directly delivered to a sepa nal space is needed, provide info	m the filing organi rate political organ	zation's funds. A	Also enter the a	
(a)	Name	(b) Address	(c) EIN	filing	nount paid from organization's If none, enter -0	(e) Amo political contractived and directly to a separat organization enter	tributions promptly delivered e political . If none,
<u> </u>							
<u> </u>							
l							

Schedule C (Form 990) 2021

Page 2

	Section Soliting.			· .		
A (Check if the filing organization belongs to an		n Part IV each aff	filiated group me	mber's name	, address, EIN,
,	expenses, and share of excess lobbying Check $ ightharpoonup$ if the filing organization checked box A	' '	wicione apply			
(ovisions apply.	(6	a) Filing	(b) Affiliated group
	Limits on Lobbying (The term "expenditures" means				anization's totals	totals
	(The term "expenditures" means	amounts paid or incur	rea.)		totais	
а	Total lobbying expenditures to influence public opinio	, ,,				
b	Total lobbying expenditures to influence a legislative					
	Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures				579,935	
d e	Total exempt purpose expenditures (add lines 1c and				579,935	
	Lobbying nontaxable amount. Enter the amount from	-			111,990	
-	columns.			_,	111,990	
	If the amount on line 1e, column (a) or (b) is:			_		
	' '	20% of the amount on line 1				
		\$100,000 plus 15% of the ex				
		\$175,000 plus 10% of the ex				
		\$225,000 plus 5% of the exc	ess over \$1,500,000) <u>. </u>		
	Over \$17,000,000	\$1,000,000.				
_	Crassroots pontavable amount (enter 25% of line 1f)				27,998	
g h	Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1q from line 1a. If zero or less, enter -0				27,550	
	Subtract line 1f from line 1c. If zero or less, enter -0-					
j	If there is an amount other than zero on either line 1	h or line 1i, did the orgar	nization file Form	4720 reporting		☐ Yes ✓ No
	section 4911 tax for this year?					□ Yes ₩ No
	Calendar year (or fiscal year	enditures During 4-1				() =
	beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
a	Lobbying nontaxable amount	166,034	130,715	121,500	111,9	990 530,239
b	Lobbying ceiling amount (150% of line 2a, column(e))					795,359
С	Total lobbying expenditures					
d	Grassroots nontaxable amount	41,509	32,679	30,375	27,9	998 132,561
e	Grassroots ceiling amount (150% of line 2d, column (e))					198,842
f	Grassroots lobbying expenditures					
					Schedule C	C (Form 990) 2021
		———— Page 3 —				
che	edule C (Form 990) 2021					Page 3
	rt II-B Complete if the organization is e	exempt under section	n 501(c)(3) a	nd has NOT f	iled	r age s
	Form 5768 (election under section					
or e	each "Yes" response on lines 1a through 1i below, pro	vide in Part IV a detailed	description of the	e lobbying	(a)	(b)
ctiv	ity.				Yes No	Amount
L	During the year, did the filing organization attempt including any attempt to influence public opinion on					
а	Volunteers?					
b c	Paid staff or management (include compensation in Media advertisements?	expenses reported on lin	es 1c through 1i)			
d	Mailings to members, legislators, or the public?					+
e	Publications, or published or broadcast statements?				 	

0/22/	25, 6:47 AM	Pennenvironment Research And Policy Center - Full Filing - Nonprofit Exp	olorer - I	ProPublica	ł	
f	, ·	obbying purposes?		 		
q	3	ir staffs, government officials, or a legislative body?				
h		conventions, speeches, lectures, or any similar means?				
i	Other activities?					
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause th	e organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any t	tax incurred under section 4912				
c	If "Yes," enter the amount of any t	tax incurred by organization managers under section 4912				
d	If the filing organization incurred a	a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the org 501(c)(6).	panization is exempt under section $501(c)(4)$, section $501(c)$	(5), o	r sectio	1	
					Yes	s No
1	, ,	re) dues received nondeductible by members?		1		
2	,	house lobbying expenditures of \$2,000 or less?		2		
3		y over lobbying and political expenditures from the prior year? ganization is exempt under section 501(c)(4), section 501(c)				
1 2	Section 162(e) nondeductible lobb	ying and political expenditures (do not include amounts of political	1			
2	expenses for which the section	ying and political expenditures (do not include amounts of political section 527(f) tax was paid).				
а			2a			
b	Carryover from last year		2b			
c	Total		2c			
3	Aggregate amount reported in sec	tion 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3			
4	the organization agree to carryove	nt on line 2c exceeds the amount on line 3, what portion of the excess does to the reasonable estimate of nondeductible lobbying and political	4			
5	,	plitical expenditures. See Instructions	5			
Pa	art IV Supplemental Info	<u> </u>	1	<u> </u>		
	vide the descriptions required for Pa	art I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); complete this part for any additional information.	Part II-	A, lines 1	and 2 (s	see
	Return Reference	Explanation				
		· ·	Sched	ule C (Fo	rm 990) 2021
			Juliu	u.c c (. c.	550	,

Additional Data Return to Form

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ObjectId: 202331309349305418 - Submission: 2023-05-10

TIN: 05-0530668

SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public

	tment of the Treasury al Revenue Service		Attach to Form 990.	, , ,	rmation	Open to Public Inspection
	me of the organ	·	ror matructions d	the fatest fill of		entification number
Pen Inc	nEnvironment Resea	arch & Policy Center			05-0530668	
		izations Maintaining Donor Adv	ised Funds or Other	Similar Funds o		
		ete if the organization answered "Ye				
			(a) Donor adv	ised funds	(b) Fund	s and other accounts
1		end of year				
2		e of contributions to (during year)				
3		e of grants from (during year)				
4		e at end of year				
5 6	organization's p	eation inform all donors and donor advisoroperty, subject to the organization's extation inform all grantees, donors, and doses and not for the benefit of the dono	clusive legal control? onor advisors in writing t		be used only for	☐ Yes ☐ No
		?			omering imper	Yes No
Pa		rvation Easements. ete if the organization answered "Ye	es" on Form 990, Part	IV. line 7.		res no
1		onservation easements held by the orga				
		ion of land for public use (e.g., recreatio		Preservation of an	historically imp	ortant land area
	Protection	of natural habitat		Preservation of a	certified historic	structure
	Preservati	ion of open space				
2		2a through 2d if the organization held a	qualified conservation co	ontribution in the for	rm of a conserva	tion
_		ne last day of the tax year.	qualifica conscivation ex	menbacion in the for		t the End of the Year
а	Total number of	conservation easements			2a	
b	Total acreage re	estricted by conservation easements . $$.			2b	
c	Number of cons	servation easements on a certified histor	ric structure included in (a	a)	2c	
d		servation easements included in (c) acquin the National Register	uired after 7/25/06, and r	ot on a historic	2d	
3	Number of constax year	servation easements modified, transferro	ed, released, extinguishe	d, or terminated by	the organization	during the
4	Number of state	es where property subject to conservation	on easement is located 🕨			
5		ization have a written policy regarding t nt of the conservation easements it hold			of violations,	☐ Yes ☐ No
6	Staff and volun	teer hours devoted to monitoring, inspe	ecting, handling of violatio	ns, and enforcing co	onservation ease	ments during the year
7	Amount of expe	enses incurred in monitoring, inspecting	, handling of violations, a	nd enforcing conser	vation easement	s during the year
8		servation easement reported on line 2(d 0(h)(4)(B)(ii)?			70(h)(4)(B)(i)	☐ Yes ☐ No
9	balance sheet,	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemer	e footnote to the organiza			
Par	rt III Organi	izations Maintaining Collections	of Art, Historical Ti	easures, or Oth	er Similar As	sets.
		ete if the organization answered "Ye	· · · · · · · · · · · · · · · · · · ·			
1a	historical treasu	tion elected, as permitted under FASB A ures, or other similar assets held for put ext of the footnote to its financial statem	olic exhibition, education,	or research in furth		
b	historical treasu	tion elected, as permitted under FASB At ures, or other similar assets held for pub nts relating to these items:				
(_	ded on Form 990, Part VIII, line 1			▶\$	
		d in Form 990, Part X				
2	If the organizat	tion received or held works of art, histor nts required to be reported under FASB	ical treasures, or other si	milar assets for fina		de the
а	Revenue includ	ed on Form 990, Part VIII, line 1			▶\$	
b	Assets included	l in Form 990, Part X · · · · · · ·			> \$	

Cat. No. 52283D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2021

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CHE	dule D ((Form 990) 2021										Page
Parl	III	Organizations Ma	aintaining Col	lections o	of Art, Histor	ical Tre	easures	, or Oth	er Similar As	sets (conti	nued)	
3		the organization's acquicheck all that apply):		n, and other	records, check	any of th	he followii	ng that ar	e a significant u	se of its coll	ection	
a		Public exhibition			d		Loan or e	xchange p	rograms			
b		Scholarly research			е		Other				••	
С		Preservation for future	e generations									
4	Provid Part X	de a description of the α	organization's col	lections and	explain how the	ey furthe	er the org	anization's	s exempt purpos	se in		
5	During assets	g the year, did the orga s to be sold to raise fur	anization solicit on nds rather than to	receive do be maintai	nations of art, h ned as part of tl	istorical ne organ	treasures ization's o	or other scollection?	similar 	Yes		o
Par	t IV	Escrow and Cust Complete if the org line 21.			on Form 990	, Part I	V, line 9,	, or repo	rted an amoui	nt on Form	990,	Part X
1a		organization an agent ed on Form 990, Part)								☐ Yes	□ N	o
b	If "Yes	s," explain the arrange	ement in Part XIII	and comple	te the following	table:			A	mount		_
c	Beginr	ning balance						1c				_
d	Additio	ons during the year .						1d				
e	Distrib	outions during the year	r					1e				
f	Ending	g balance						1f				_
2a	Did th	ne organization include	an amount on Fo	rm 990, Par	t X, line 21, for	escrow (or custodi	al account	t liability?	☐ Yes		0
b		s," explain the arrange										
Pa	rt V	Endowment Fund	ds.									
		Complete if the org	ganization ansv									
1 a	Reginni	ing of year balance .		(a) Currer	nt year (b)	Prior year	(c) IV	wo years ba	ck (d) Inree yea	ars back (e) i	our yea	rs back
	_	outions										
		estment earnings, gair	ns and losses									
		or scholarships	•									
		expenditures for facilities										
		ograms										
f	Adminis	strative expenses .										
g	End of y	year balance										
2	Provid	le the estimated percei	ntage of the curre	ent year end	balance (line 1	g, colum	nn (a)) he	ld as:				
а	Board	designated or quasi-e	ndowment 🕨		••••							
b	Perma	anent endowment 🛌										
С												
		ercentages on lines 2a		•		+ 242 62	اط ممط مط	ministored	l for the			
3a		nere endowment funds ization by:	not in the posses	sion of the	organization tha	t are nei	ia ana aai	ministered	i for the		Yes	No
	(i) Un	nrelated organizations								3a(i)		
		elated organizations								3a(ii)		
		s" on 3a(ii), are the rel	=		•					3b		
<u> </u>		ibe in Part XIII the inte		-	n's endowment	funds.						
Par	t VI	Land, Buildings, Complete if the ord			on Form 990	Part I	V line 1	1a See F	Form 990 Par	t X line 10		
	Descrip	ption of property	(a) Cost or oth	ner basis	(b) Cost or other				ed depreciation		ok value	e
1a	Land .											
		 gs										
b	Building											
b c	Buildin <u>c</u> Leaseho	gs old improvements		25,414					25,414			
b c d	Building Leaseho Equipm	gs		25,414					25,414			

Schedule D (Form 990) 2021 Page **3**

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form	990 Part IV	line 11h See Fo	rm 990 Part X lin	e 12
(a) Description of security or category (including name of security)	(b) Boo	ok	(c) Method of valuate or end-of-year mark	tion:
(1) Financial derivatives	value	Cos	t or end-or-year man	Net value
(2) Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 255,7	95		
Part VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form	990. Part IV	line 11c. See Fo	ırm 990. Part X. lir	ne 13.
(a) Description of investment	7707 . 4. 6 2 3 7	(b) Book value	(c) Method	of valuation: ear market value
(1)			Cost of end of y	edi market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX Other Assets. Complete if the organization answered 'Yes' on Form	990, Part IV,	line 11d. See Fo	rm 990, Part X <u>,</u> lin	e 15.
(a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form			<u>'</u>	X line 25
1. (a) Description of		e 116 01 111.2	ec roilli 550, rdft	(b) Book value
(1) Federal income taxes				

			nment Research And Policy Cente	6:47 AM Pennenviro
		ı		olumn (b) must equal Form 990, Part X, col.(B) line 25.)
_		-		ity for uncertain tax positions. In Part XIII, provid
			48 (ASC 740). Check here if the	ition's liability for uncertain tax positions under FI
) (Form 990) 2021	schedule D			
			Page 4	
			rage 4	
Page 4				e D (Form 990) 2021
	turn.			Reconciliation of Revenue per Aug
				Complete if the organization answered
1,061,592	1			otal revenue, gains, and other support per audited
		10.010		mounts included on line 1 but not on Form 990, P
		-10,910		et unrealized gains (losses) on investments .
				onated services and use of facilities
			├	ecoveries of prior year grants
10.010	_			ther (Describe in Part XIII.)
-10,910	2e			dd lines 2a through 2d
1,072,502	3			ubtract line 2e from line 1
		1	1 1	mounts included on Form 990, Part VIII, line 12,
			· —	evestment expenses not included on Form 990, Pa
	4-			ther (Describe in Part XIII.)
1,072,502	4c 5			dd lines 4a and 4b
1,072,302				
	eturn.			II Reconciliation of Expenses per Au Complete if the organization answere
579,935	1			otal expenses and losses per audited financial state
		Ţ	t IX, line 25:	mounts included on line 1 but not on Form 990, P
			2a	onated services and use of facilities
			2b	ior year adjustments
			2c	ther losses
			2d	ther (Describe in Part XIII.)
	2e			dd lines 2a through 2d
579,935	3			ubtract line 2e from line 1
			not on line 1:	mounts included on Form 990, Part IX, line 25, bu
			VIII, line 7b 4a	vestment expenses not included on Form 990, Pa
			4b	ther (Describe in Part XIII.)
	4c			dd lines 4a and 4b
			l Form 990, Part I, line 18.) .	otal expenses. Add lines 3 and 4c. (This must equ
579,935	5		· · · · · · · · · · · · · · · · · · ·	
579,935	5	-		III Supplemental Information
· · · · · · · · · · · · · · · · · · ·		t IV, lines 1b and 2b; Part		the descriptions required for Part II, lines 3, 5, and and 4b; and Part XII, lines 2d and 4b. Also com
· · · · · · · · · · · · · · · · · · ·		t IV, lines 1b and 2b; Part		e the descriptions required for Part II, lines 3, 5, a
rt X, line 2; Part XI,	/, line 4; Par	t IV, lines 1b and 2b; Part itional information. Explanation federal and state income t		the descriptions required for Part II, lines 3, 5, a d and 4b; and Part XII, lines 2d and 4b. Also com

Additional Data Return to Form

Software ID: 21013475 **Software Version:** 2021v4.1

efile Public Visual F	Render	ObjectId: 2	0233130934930	5418 - Submission: 20	23-05-10			TIN: 05-0530668
	e full con	tent of this d	ocument, please	select landscape mode	e (11" x 8.5") whe	en printing.	Í	OMB No. 1545-0047
Schedule I (Form 990)			Grants and	Other Assistance	e to Organiza	ations,		OMB NO. 1545-0047
(101111 330)		(Government	s and Individuals	s in the Unite	d States		2021
) ttt				ization answered "Yes," o	on Form 990, Part IV			Open to Public
Department of the Treasury			► Go to <u>u</u>	► Attach to Form ww.irs.gov/Form990 for	the latest information	on.		Inspection
nternal Revenue Service							Employer id	lentification number
PennEnvironment Researd	ch & Policy	Center					05-053066	8
	nformati	ion on Grants	and Assistance					
Does the organization the selection criterion	ion maintai ia used to a	in records to subs award the grants	tantiate the amount or assistance?	of the grants or assistance, t	the grantees' eligibility	for the grants or assistance	e, and	✓ Yes □ No
=		· ·		use of grant funds in the Un				
				and Domestic Governme additional space is needed.	nts. Complete if the or	rganization answered "Yes"	on Form 990, Part I	V, line 21, for any recipient
that received more than \$5,000. Page (a) Name and address of organization or government (b) EIN		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description noncash assista	of (h) Purpose of grant or assistance
(1) Black Church Cente 1341 G Street NW 5 Washington, DC 20005		46-3184561	501	.c3 35,272	0			Charitable,educational
(2) PA Resources Counc 828 W North Ave Pittsburgh, PA 15233	cil	23-6403971	501	.c3 12,500	0			Charitable,educational
	of section	501(c)(3) and go	vernment organization	ons listed in the line 1 table .			•	2
			-					0
or Paperwork Reduction A	Act Notice, s	see the Instruction	s for Form 990.		Cat. No. 50055	5P		Schedule I (Form 990) 2021
	be duplicat	ed if additional sp		(c) Amount of	answered "Yes" on Forr	m 990, Part IV, line 22.	hook (f) Descr	Page 2 iption of noncash assistance
(a) Type of grane (51 43313ta11		recipients	cash grant	noncash assistance	FMV, appraisal, other		perori or noneasir assistance
1)								
2)								
3)								
4)								
(5)								
(6)								
(7)								
Part IV Supple	mental I	nformation. P	rovide the informa	tion required in Part I, lir	ne 2; Part III, colum	n (b); and any other ac	dditional information	on.
Return Reference		Explanation						
Grantmaker's Description Grants are Used	of How	We monitor thro	ugh the use of grant	agreements and working clo	sely with grant recipie	nts.		
		•					S	chedule I (Form 990) 2021
Additional Data	3							Return to Form

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ObjectId: 202331309349305418 - Submission: 2023-05-10

TIN: 05-0530668

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to <u>www.irs.gov/Form990</u> for the latest information.

PennEnvironment Research & Policy Center 05-0530668

	05-0530668
Return Reference	Explanation
Form 990, Part VI, Line 8: Explanation of No Contemporane Documentatior of Meetings	
Form 990, Part VI, Line 11b: Form 990 Review Process	A draft of the Form 990 is sent to all board members prior to the return being finalized.
Form 990, Part VI, Line 12c: Explanation of Monitoring and Enforcement of Conflicts	To monitor and enforce compliance with the conflict of interest policy, the organization requires all officers, directors and individuals with substantial influence over the organization to complete an annual statement disclosing to the board any business, contractual or financial relationships the person has with other corporations. In addition, said persons have an ongoing obligation to disclose to the board any financial interest, direct or indirect, that the person would gain from any particular transaction, contract or policy under consideration by the organization. The board must address potential conflicts on a case-by-case basis, conflicted persons must abstain from the deliberation of the transaction, and corporate records must be maintained.
Form 990, Part VI, Line 15a: Compensation Review & Approval Process - CEO, Top Management	The Compensation Committee will establish acceptable compensation packages after reviewing at least one of the following: 1) Information about compensation paid by similarly situated tax-exempt organizations for similar services; 2) current compensation surveys compiled by independent firms; or 3) actual written offers from similarly situated organizations. Documentation of the compensation deliberation and decision is kept on file.
Form 990, Part VI, Line 15b: Compensation Review and Approval Process for Officers and Key Employees	The Compensation Committee will establish acceptable compensation packages after reviewing at least one of the following: 1) Information about compensation paid by similarly situated tax-exempt organizations for similar services; 2) current compensation surveys compiled by independent firms; or 3) actual written offers from similarly situated organizations. Documentation of the compensation deliberation and decision is kept on file.
Form 990, Part VI, Line 19: Other Organization Documents Publicly Available	No documents were made available to the public, except for those that were included with the organization's Form 1023 application for exempt status, which are made available upon request as indicated in Line 18.
Part VII	All employees are paid by PennEnvironment, Inc., under a common paymaster arrangement, and some are shared by PennEnvironment Research and Policy Center, Inc., as well as other entities.
	tion Act Notice see the Instructions for Form 900 or 900.E7 Cat. No. 51056V Schodule O (Form 900) 2021

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990) 2021

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OMB No. 1545-0047

2021 Open to Public Inspection

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization PennEnvironment Research & Policy Center Inc **Employer identification number** 05-0530668

Part I Identification of Disregarded Entities. Comp		(b)				(d)		(a)		(6)	
(a) Name, address, and EIN (if applicable) of disregarded entity		Primary activi		(c Legal domi or foreign	cile (state	le (state Total ince		(e) End-of-year as	ssets Dire	(f) at controlling entity	g
Part II Identification of Related Tax-Exempt Organi	zations. Comple	ete if the org	anization	answered	"Yes" on I	orm 990	, Part I	V, line 34 be	cause it had one	or more	
related tax-exempt organizations during the tax y (a) Name, address, and EIN of related organization	rear.	(b)	1 ((c)	(d Exempt Co)		(e)	(f) Direct controllin		(g)
Name, audress, and EIN or related organization	Pillia	ry activity		nicile (state n country)	Exempt Co	de Section		charity status on 501(c)(3))	entity	(13) e	ion 51 contr entity
Arizona PIRG Education Fund Inc	Charitable,	Educational		AZ	501c3		170(b)(1	.)(A) (iv)	NCPI	Yes	s I
5 W Warner Rd 101-464 bert, AZ 85233											
-2259362 Valifornia PIRG Educaiton Fund Inc 11 H St 207	Charitable,	Educational		CA	501c3		170(b)(1	.)(A) (iv)	NCPI		
cramento, CA 95814 -0566513											
Conter for Public Interest Research Inc 4 Washington St 500	Charitable,	Educational		MA	501c3		170(b)(1	.)(A) (iv)	NCPI		
ston, MA 02108 -2863170											
Ocolorado Public Interest Research Fdtn 43 Wazee St 330	Charitable,	Educational		CO	501c3		170(b)(1	.)(A) (iv)	NCPI		
nver, CO 80202 -2313874											
JEnvironment California Research & PolCt 35 Wilshire Blvd 385	Charitable,	Educational	,	CA	501c3		170(b)(1	.)(A) (iv)	NCPI		
s Angeles, CA 90010 -0531882 JEnvironment Georgia Research & Policy Ct	Charitable	Educational		GA	501c3		170/5)/1	VAV (5-2)	NCPI		
Box 5207	Charitable,	Educational		GA	50103		170(0)(1	.)(A) (iv)	NCPI		
anta, GA 31107 -1761755 JEnvironment Illinois Research & Educ Ct	Charitable,	Educational		IL	501c3		170(b)(1	.)(A) (iv)	NCPI		+
N State St 1330 icago, IL 60602	,							,,(-,, (,			
-2586486)Environment Maryland Research & Pol Ctr	Charitable,	Educational		MD	501c3		170(b)(1	.)(A) (iv)	NCPI	$-\!\!\!\!+\!\!\!\!\!-$	
09 Maryland Ave Suite D Itimore, MD 21218											
-4690070)Environment Massachusetts Res & Pol Ct	Charitable,	Educational	1	MA	501c3		170(b)(1	.)(A) (iv)	NCPI		
4 Washington St 500 ston, MA 02108											
-8180181 0) Environment North Carolina Res & Pol Ct W Hargett St 405	Charitable,	Educational		NC	501c3		170(b)(1	.)(A) (iv)	NCPI		+
w hargest 31-405 leigh, NC 27601 -1712369											
-1/12/369 1)Environment Texas Research & Policy Ctr 0 E 30th Street	Charitable,	Educational		TX	501c3		170(b)(1	.)(A) (iv)	NCPI		
stin, TX 78705 -2591697											
2)Fair Share Education Fund Inc 4 Washington St 294	Charitable,	Educational		DC	501c3		170(b)(1	.)(A) (iv)	NCPI		
ston, MA 02108 2533551											
3)Illinois PIRG Education Fund Inc N State St 1330	Charitable,	Educational		IL	501c3		170(b)(1	.)(A) (iv)	NCPI		
oicago, IL 60602 i-3848017											
4) Maryland Public Interest Research Fdtn 09 Maryland Ave Suite D	Charitable,	Educational		MD	501c3		170(b)(1	.)(A) (iv)	NCPI		
ltimore, MD 21218 -1033638											
5)MA PIRG Education Fund Inc 4 Washington St 500	Charitable,	Educational		MA	501c3		170(b)(1)(A) (iv)	NCPI		

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04-2670284 (16)NC PIRG Education Fund Inc		Charitable, Ed	lucational	NC	501	lc3	170(b)(1)(A) (iv)	NCPI				No
19 W Hargett St 405								,,,,,,					
Raleigh, NC 27601 56-2156521													
(17)OSPIRG Foundation Inc 1536 SE 11th Avenue Ste A		Charitable, Ed	lucational	OR	501	lc3	170(b)(1)(A) (iv)	NCPI				No
Portland, OR 97214 93-1150763													
(18)PA PIRG Education Fund Inc 1713 S Broad St 54807		Charitable, Ed	lucational	PA	501	lc3	170(b)(1)(A) (iv)	NCPI				No
Philadelphia, PA 19148 23-2546295													
(19)Pesticide Watch Education Fund Inc 1111 H 5t 207		Charitable, Ed	lucational	CA	501	lc3	170(b)(1)(A) (iv)	NCPI				No
Sacramento, CA 95814													
95-4322048 (20)PIRG New Voters Project Inc		Charitable, Ed	lucational	MA	501	lc3	170(b)(1)(A) (iv)	NCPI				No
294 Washington St 500 Boston, MA 02108													
22-2505821 (21)Student Organizing Inc		Charitable, Ed	lucational	MA	501	163	170/)(1)(A) (iv)	NCPI				No
294 Washington St 500		Charlesbie, Ed	ideacional	l l	301		170(2)(±)(A) (IV)	NCI I				110
Boston, MA 02108 26-2486476													
(22)Texas PIRG Education Fund Inc 200 E 30th Street		Charitable, Ed	lucational	TX	501	lc3	170(b)(1)(A) (iv)	NCPI				No
Austin, TX 78705 52-2422392													
(23)Green Corps Inc 1543 Wazee Street 300		Charitable Ed	ucational	PA	501	lc3	170(b)(1)(A) (iv)	NCPI				No
Denver, CO 80202													
23-2687791 (24)Toxics Action Center Inc 294 Washington St 500		Charitable, Ed	lucational	MA	501	lc3	170(b)(1)(A) (iv)	NCPI				No
Boston, MA 02108													
04-3211693 (25)WA PIRG Washpirg Fdtn Inc		Charitable, Ed	lucational	WA	VA 501c3		170(b)(1)(A) (iv)		v) NCPI				No
505 Broadway Ave E 129 Seattle, WA 98102													
91-1168245 (26)WISPIRG Foundation Inc		Charitable, Ed	fucational	WI	WI 501c3		170/)(1)(A) (iv)	NCPI				No
333 Brown Derr RdG443		Charles ic, 20	accessories		501		170(5	7(=)(-)	110.1				
Milwaukee, WI 53217 39-1926253									NCPI				
(27)Bold Education Fund Inc 208 S Burlington Ave 103		Charitable Educational		NE	501	501c3		170(b)(1)(A) (iv)					No
Hastings, NE 68901 45-5369198													
(28)Environment America Research & Policy Center 1543 Wazee St		Charitable, Educational		СО	501	lc3	170(b)(1)(A) (iv)	NCPI				No
Denver, CO 80202 13-4339865													
(29)Environmental Action Research Center Inc 1543 Wazee St 400		Charitable, Ed	lucational	СО	501	lc3	170(b)(1)(A) (iv)	NCPI				No
Denver, CO 80202													
46-5151443 (30)United States PIRG Education		Charitable, Ed	lucational	DC		lc3	170(b)(1)(A) (iv)		NCPI				No
Fund Inc 1543 Wazee St 460 Denver, CO 80202													
For Paperwork Reduction Act Notice, see the Instructi	iona for Form 00			Cat. No. 5	012EV				Sak	nedule R	(Eaum (00) 2	021
ror Paperwork Reduction Act Notice, see the Instructi	ions for Form 99	· · ·		Cat. No. 3	101331				301	edule K	(1011113	90) 21	,21
	Page 2	2 ——											
Schedule R (Form 990) 2021												Pag	je 2
Part III Identification of Related Organization one or more related organizations treated					nization	answered	"Yes" on	Form 990), Part IV, I	ine 34, b	because	it had	I
(a) Name, address, and EIN of	(b) Primary	(c) Legal	(d) Direct	(e) Predominant	(f) Share of	(g) f Share of	(I Disprop	1) rtionate	(i) Code V-UBI	Gene	j) eral or	(I Perce	k) entage
related organization	activity	domicile (state or	controlling entity	income(related, unrelated,	total income	end-of- year	alloca	tions?	amount in box 20 of	mana	aging tner?	owne	ership
		foreign country)		excluded from tax under sections 512-514)		assets			Schedule K-1 (Form 1065)				
				312 314)			Yes	No		Yes	No		
		1								 	1		
													· <u></u> -
	1	1	1	1	1	1	1	l	1	1	1	1	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of entity	(b) Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-	Are all se 501 organi	partners ction (c)(3) zations?	Share of total income	Share of end-of-year assets	(h Dispropr allocat	tionate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		al or ging	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	

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		Page 5 —										
Schedule R (Form 990) 2021											Page 5	
Part VII Supplemental Information												
Provide additional information	n for responses to quest	ions on Sched	lule R. See instruct									
Return Reference					Explanation	1				Cabadul- D	(Form 990) 2021	
										schedule K	(FOIM 990) 2021	
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